

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

|   |  |   |                               |
|---|--|---|-------------------------------|
| <b>Establishment Name</b><br>KROGER                                 | <b>Telephone Number</b><br>Est 812-944-5839<br>Own 812-944-5839  | <b>Date of Inspection</b><br>03/20/2022   | <b>ID#</b>                    |
| <b>Address</b><br>3400 GRANT LINE ROAD, NEW ALBANY IN 47150         |  |   |                               |
| <b>Owner</b><br>KROGER  | <b>Purpose</b><br><input checked="" type="checkbox"/> Routine<br><input type="checkbox"/> Follow-up<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Pre-Operational<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> HACCP<br><input type="checkbox"/> Other (list) | <b>Follow Up</b>  | <b>Released</b><br>03/30/2022 |
| <b>Owner's Address</b><br>3400 GRANT LINE ROAD NEW ALBANY, IN 47150 |  | <b>Menu Type</b><br>1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |                               |
| <b>Person in Charge</b><br>SHAWN HARTMAN                            |  |   |                               |
| <b>Responsible Person's Email</b>                                   |  |   |                               |
| <b>Certified Food Handler</b><br>FRANK DETTAVEN                     |  |   |                               |

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

| Section # | C | NC | R | Narrative   | To Be Corrected |
|-----------|---|----|---|---|-----------------|
| 177       |   | X  |   | Observed no tent covering food area to protect product and equipment from elements. | 3/30/22         |

Summary of Violations C 0 NC 1 R 0

Received by (name and title printed):

SHAWN HARTMAN

Inspected by (name and title printed):

Christa Manus EHS

Received by (signature):

Inspected by (signature):

*Christa Manus*

cc:

cc:

cc: